



PLANNING DEPARTMENT
(760)770-0340
Fax - (760)202-1460
68-700 Avenida Lalo Guerrero - Cathedral City, Ca 92234

PERMIT #: _____

**CITY OF CATHEDRAL CITY
PHOTOGRAPHY/FILMING PERMIT**

Applicant: _____ **Date:** _____

Company: _____ **Project Title:** _____

Address: _____

Company Phone : _____ **Company Fax:** _____

Project Location: _____

Location Manager: _____ **Phone:** _____

Production Manager: _____ **Phone:** _____

Other Contact: _____ **Phone:** _____

Production Dates (to be covered by this permit): _____

1. **Production Type:** ☐ Still Photography – **Complete permit items 1-5 only**
☐ TV/Commercial ☐ TV/Movie ☐ TV Episodic ☐ Feature Film
☐ Music Video ☐ Corporate Video ☐ Other: _____

2. **Total Personnel:** _____ **Total Vehicles/Equipment:** _____

3. **Equipment Detail** (supply exact number of each item to be used on filming location):
Generators: _____ Cars: _____ Trucks: _____ RVs: _____ Other: _____

4. **Insurance:** Before a film permit is issued, a Certificate of Insurance must be submitted. Insurance certificate must be issued by insurance underwriters “admitted” by the California Insurance Commission with underwriters rated “A” or “B+” by Best’s Kay Rating Guided:

- Minimum one million dollar liability limit
- Proof of Worker’s Compensation
- Appropriate City and/or County Named as Additional Insured
- Appropriate City/County Employees Named as Additional Insured

☐ Insurance Certificate Attached ☐ Insurance Certificate will be submitted by _____

☐ Insurance Certificate on File ☐ Insurance Certificate Not Available

Insurance Company: _____ Expiration Date: _____

5. **Location Shoot Specifics:** Please give specifics about your shoot below, attach sheets if more space is needed. You must include the name(s) of property owner(s), address(es), nearest cross streets and telephone number(s), and the filming location(s). Also describe all scene(s) to be filmed (including animals, pyrotechnics and stunts).

DATE	TIME	LOCATION AND ACTIVITY	FILM/CONSTRUCTION

6. **Property Owner Permission Required:** ☐ Yes ☐ No

7. **Road Encroachment Permit Required:** ☐ Yes ☐ No

8. **Police Required:** ☐ Yes ☐ No

9. **Fire Required:** ☐ Yes ☐ No

10. **Traffic:** If filming is planned on City/County street(s) and or City/County property, please submit a site plan showing location(s) of cast, crew, vehicle(s) and the route to be traveled in order to film a scene.

☐ Site Plan Attached ☐ Site Plan will be submitted _____ ☐ Site Plan unavailable

Describe your plan for controlling traffic (i.e. personnel and devices to direct traffic): _____

If filming is to take place on City/County streets, please describe planned arrangements for temporary restrooms and removal of refuse generated by your production: _____

11. **Stunts/Special Effects:** If your project will involve stunts or special effects, please provide detailed information about the specifics planned: _____

Pyrotechnics Specifics: _____

Pyrotechnician: _____ License #: _____

Hazardous Materials to be used: _____

Wild Animals to be used: _____

12. **Aerial Stunts/Elements:** Please detail any aerial stunts, helicopter landings, hot-air balloons, etc. to be utilized in your shoot: _____

Permittee agrees to all the terms and conditions of this permit including provisions listed at the bottom of this form and any attachments.

Applicant's Name: _____

Representative of: _____

PERMITTEE WAIVES ALL CLAIMS AGAINST CITY/COUNTY, ITS OFFICERS, AGENTS AND EMPLOYEES, FOR LOSS OR DAMAGE CAUSED BY, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE EXERCISE OF THIS PERMIT AND PERMITTEE AGREES TO HOLD HARMLESS, INDEMNIFY AND DEMAND CITY/COUNTY, ITS OFFICERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL LOSS, DAMAGE OR LIABILITY WHICH MAY BE SUFFERED OR INCURRED BY CITY/COUNTY, ITS OFFICERS, AGENTS AND EMPLOYEES CAUSED BY, ARISING OUT OF OR IN ANY WAY CONNECTED WITH EXERCISE BY PERMITTEE OF THE RIGHTS HEREBY PERMITTED, EXCEPT THOSE ARISING OUT OF THE SOLE NEGLIGENCE OF CITY/COUNTY. CITY/COUNTY SHALL HAVE THE PRIVILEGE OF INSPECTING THE PREMISES COVERED BY THE PERMIT AT ANY OR AT ALL TIMES. THIS PERMIT SHALL NOT BE ASSIGNED. CITY/COUNTY MAY TERMINATE THIS PERMIT AT ANY TIME IF PERMITTEE FAILS TO PERFORM ANY COVENANT HEREIN CONTAINED AT THE TIME AND IN THE MANNER HEREIN PROVIDED. CITY/COUNTY AGREES IT WILL NOT UNREASONABLY EXERCISE THIS RIGHT OF TERMINATION. THE PARTIES HERETO AGREE THAT THE PERMITTEE, ITS OFFICERS, AGENTS AND EMPLOYEES, IN THE PERFORMANCE OF THIS PERMIT, SHALL ACT IN AN INDEPENDENT CAPACITY AND NOT AS OFFICERS, EMPLOYEES OR AGENTS OF THE CITY/COUNTY. NO ALTERATION OR VARIATION OF THE TERMS OF THIS PERMIT SHALL BE VALID UNLESS MADE IN WRITING AND SIGNED BY THE PARTIES HERETO. PERMITTEE AGREES TO COMPLY WITH THE TERMS AND CONDITIONS CONTAINED IN THE ATTACHED EXHIBIT(S), WHICH TERMS AND CONDITIONS ARE BY THIS REFERENCE MADE APART THEREOF. THE PERMITTEE HEREBY AGREES TO COMPLY WITH ALL THE RULES AND REGULATIONS OF THE FACILITY OR INSTITUTION SUBJECT TO THIS PERMIT. PERMIT MUST BE KEPT ON SITE AT ALL TIMES. CITY/COUNTY MAKE NO REPRESENTATION OR WARRANTY AS TO CONDITION OF ANY PROPERTY OR FACILITIES USED BY PERMITTEE AND IT IS THE RESPONSIBILITY OF PERMITTEE TO FULLY INSPECT ALL SUCH PROPERTY AND FACILITIES TO DETERMINE THEIR CONDITION PRIOR TO THEIR USE, AND IN GOING FORWARD, ASSUMES ALL RISKS ASSOCIATED WITH THE CONDITION OF PROPERTY OR FACILITIES.

CITY USE ONLY

Approval Date: _____ Permit #: _____

Approved By: _____ Title: _____

Application Fee: \$_____ Location Fee (days x \$/day): _____ Total Due: _____

Special Approvals/Permits Required:

- | | |
|--|--|
| <input type="checkbox"/> No Special Approvals/Permits Required | <input type="checkbox"/> PM-10 Permit |
| <input type="checkbox"/> Road Encroachment Permit | <input type="checkbox"/> Property Owner |
| <input type="checkbox"/> Police Department Approval | <input type="checkbox"/> Homeowner Association |
| <input type="checkbox"/> Fire Department Approval | <input type="checkbox"/> FAA Approval |

Permit Expires: _____ ☐ Special Conditions Attached

Date/Time Received: _____ Received by: _____

Amount Received: _____ Receipt No(s): _____